



HMIS Household Form - Children

* **First Name:** _____

* **Last Name:** _____

(For Record Keeping, List
Head of Household's Name: _____)

* **Birth Date:** ____ / ____ / ____

* **Birth Date** ☐ Full DOB ☐ Aproximate or Partial

Data Quality: ☐ Don't Know ☐ Refused - If estimated list Age: ____

* **Gender:** ☐ Male ☐ Female

Transgender - ☐ M2F ☐ F2M

☐ Don't Know ☐ Refused ☐ Other

Social Security Number: _____ - _____ - _____

SSN Data Quality: ☐ Full SSN ☐ Partial SSN

☐ Don't Know ☐ Refused

* **Race** (multiple-choice):

☐ American Indian or Alaskan Native

☐ White

☐ Native Hawaiian / Pacific Islander

☐ Black or African-American

☐ Asian

☐ Don't Know

☐ Refused

* **Ethnicity:** ☐ Hispanic / Latino ☐ Non-Hispanic ☐ Don't Know ☐ Refused

* **Move In Date:** ____ / ____ / ____ or check here ____ if Not in Program

Move Out Date: ____ / ____ / ____

If a child moves out before the rest of the family please enter their Move Out Date above and then fill out a Discharge Form for that person.

Information Collected at Intake and at least once annually: For annual updates, please enter the **Collection Date:** ____ / ____ / ____

* **Income Received in Past 30 Days?**

If "Yes", check off all that apply and list amounts:

- | | | |
|--|--|---|
| <input type="checkbox"/> Earned Income: \$_____ | <input type="checkbox"/> Unemployment Benefits: \$_____ | <input type="checkbox"/> Veteran's Pension: \$_____ |
| <input type="checkbox"/> SSI: \$_____ | <input type="checkbox"/> SSDI: \$_____ | <input type="checkbox"/> Pension from a Former Job: \$_____ |
| <input type="checkbox"/> Veteran's Disability Payment: \$_____ | <input type="checkbox"/> Private Disability Insurance: \$_____ | <input type="checkbox"/> Alimony / Spousal Support: \$_____ |
| <input type="checkbox"/> Worker's Compensation: \$_____ | <input type="checkbox"/> TANF: \$_____ | <input type="checkbox"/> Child Support: \$_____ |
| <input type="checkbox"/> General Public Assistance: \$_____ | <input type="checkbox"/> Retirement Income from SSA: \$_____ | <input type="checkbox"/> Other: \$_____ |

* **Non-Cash Benefits Received in Past 30 Days?**

☐ No ☐ Yes ☐ Don't Know ☐ Refused

If "Yes", check off all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> MEDICAID health insurance | <input type="checkbox"/> Temporary Rental Assistance |
| <input type="checkbox"/> MEDICARE health insurance | <input type="checkbox"/> State Children's Health Insurance Program | <input type="checkbox"/> Other Source |
| <input type="checkbox"/> Supplemental Nutrition Program (WIC) | <input type="checkbox"/> Veteran's Administration Medial Services | |
| <input type="checkbox"/> TANF Child-Care Services | <input type="checkbox"/> TANF Transportation Service | |
| <input type="checkbox"/> Other TANF-Funded Services | <input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance | |

* **Housing Status:** ☐ Literally Homeless

☐ Imminently Losing Housing (within 2 weeks)

☐ Unstably Housed and At Risk of Losing Housing

☐ Stably Housed ☐ Don't Know ☐ Refused

* **Disabling Condition:**

☐ No ☐ Yes ☐ Yes - Diagnosable Substance Abuse Disorder ☐ Yes - Developmental Disability

☐ Yes - Serious Mental Illness ☐ Yes - Chronic Physical Disability or Illness

☐ Yes - Dually Diagnosed ☐ Don't Know ☐ Refused

<p>* Highest Level of School Completed:</p> <table style="width: 100%;"> <tr> <td><input type="radio"/> No schooling completed</td> <td><input type="radio"/> 12th Grade but No Diploma</td> </tr> <tr> <td><input type="radio"/> Nursery School to 4th Grade</td> <td><input type="radio"/> High School Diploma</td> </tr> <tr> <td><input type="radio"/> 5th or 6th Grade</td> <td><input type="radio"/> GED</td> </tr> <tr> <td><input type="radio"/> 7th or 8th Grade</td> <td><input type="radio"/> Post-Secondary School</td> </tr> <tr> <td><input type="radio"/> 9th Grade</td> <td><input type="radio"/> Don't Know</td> </tr> <tr> <td><input type="radio"/> 10th Grade</td> <td><input type="radio"/> Refused</td> </tr> <tr> <td><input type="radio"/> 11th Grade</td> <td></td> </tr> </table>	<input type="radio"/> No schooling completed	<input type="radio"/> 12th Grade but No Diploma	<input type="radio"/> Nursery School to 4th Grade	<input type="radio"/> High School Diploma	<input type="radio"/> 5th or 6th Grade	<input type="radio"/> GED	<input type="radio"/> 7th or 8th Grade	<input type="radio"/> Post-Secondary School	<input type="radio"/> 9th Grade	<input type="radio"/> Don't Know	<input type="radio"/> 10th Grade	<input type="radio"/> Refused	<input type="radio"/> 11th Grade		<p>Caregiver Name: _____</p> <p>Caregiver Relationship: _____</p> <hr/> <p>* Education Enrollment Status: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know <input type="radio"/> Refused</p> <p>If No, Last Enrollment Date: ____ / ____ / ____</p> <p>If Yes, is the child connected to the Homeless Assistance school liaison?</p> <p style="text-align: right;"><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know <input type="radio"/> Refused</p>
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<p>Type of School:</p> <table style="width: 100%;"> <tr> <td><input type="radio"/> Public School</td> <td>School Name: _____</td> </tr> <tr> <td><input type="radio"/> Private School</td> <td></td> </tr> <tr> <td><input type="radio"/> Don't Know</td> <td></td> </tr> <tr> <td><input type="radio"/> Refused</td> <td>School Region: _____</td> </tr> </table>	<input type="radio"/> Public School	School Name: _____	<input type="radio"/> Private School		<input type="radio"/> Don't Know		<input type="radio"/> Refused	School Region: _____	<p>* Barriers to Enrollment:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> School Records</td> </tr> <tr> <td><input type="checkbox"/> School Selection</td> <td><input type="checkbox"/> Transportation</td> </tr> <tr> <td><input type="checkbox"/> Immunization / Other Medical</td> <td><input type="checkbox"/> Other Enrollment Issues</td> </tr> <tr> <td><input type="checkbox"/> Residency Required</td> <td><input type="checkbox"/> Birth Certificates</td> </tr> <tr> <td><input type="checkbox"/> Legal Guardianship requirements</td> <td><input type="checkbox"/> Physical Exam Records</td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> School Records	<input type="checkbox"/> School Selection	<input type="checkbox"/> Transportation	<input type="checkbox"/> Immunization / Other Medical	<input type="checkbox"/> Other Enrollment Issues	<input type="checkbox"/> Residency Required	<input type="checkbox"/> Birth Certificates	<input type="checkbox"/> Legal Guardianship requirements	<input type="checkbox"/> Physical Exam Records
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Special Needs	Does the child have this condition:	If Yes, is the child receiving services or treatment for this condition:
* Physical Disability:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
* Developmental Disability:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
* Chronic Health Condition:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
* HIV / AIDS:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
* Mental Health:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
* Substance Abuse Problem:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
* Domestic Violence Victim:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
<p>If "Yes" select type: <input type="radio"/> Alcohol Abuse <input type="radio"/> Drug Abuse <input type="radio"/> Both Drug & Alcohol Abuse</p> <p>If Yes, how long ago did the experience occur:</p> <p style="text-align: center;"><input type="radio"/> Within the past 3 months <input type="radio"/> 3 to 6 months ago <input type="radio"/> 6 to 12 months ago <input type="radio"/> More than 12 months <input type="radio"/> Don't Know <input type="radio"/> Refused</p>		
<p><small>* Note: A serious disability is expected to be of a long-continued and indefinite duration and substantially impair the client's ability to live independently. The client may have special needs that do not qualify as disabling conditions.</small></p>		